

105TH CONGRESS  
2D SESSION

# S. 2031

To combat waste, fraud, and abuse in payments for home health services provided under the medicare program, and to improve the quality of those home health services.

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## IN THE SENATE OF THE UNITED STATES

MAY 5, 1998

Mr. GRASSLEY (for himself and Mr. BREAUX) introduced the following bill;  
which was read twice and referred to the Committee on Finance

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## A BILL

To combat waste, fraud, and abuse in payments for home health services provided under the medicare program, and to improve the quality of those home health services.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Home Health Integrity Preservation Act of 1998”.

6 (b) TABLE OF CONTENTS.—The table of contents of  
7 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Revision of surety bond requirement for home health agencies.
- Sec. 3. Additional conditions of participation for home health agencies.
- Sec. 4. Surveyor training in reimbursement and coverage policies.

Sec. 5. Surveys and reviews.

Sec. 6. Prior patient load.

Sec. 7. Establishment of standards and procedures to improve quality of services.

Sec. 8. Notification of availability of a home health agency's most recent survey as part of discharge planning process.

Sec. 9. Home health integrity task force.

Sec. 10. Application of certain provisions of the bankruptcy code.

Sec. 11. Study and report to Congress.

Sec. 12. Effective date.

**1 SEC. 2. REVISION OF SURETY BOND REQUIREMENT FOR**  
**2 HOME HEALTH AGENCIES.**

3 (a) IN GENERAL.—Section 1861(o)(7) of the Social  
 4 Security Act (42 U.S.C. 1395x(o)) (as added by section  
 5 4312(b) of the Balanced Budget Act of 1997) is amended  
 6 to read as follows:

7 “(7) provides the Secretary, prior to the initial  
 8 certification of the home health agency and for 1  
 9 year thereafter, with a surety bond against fraudu-  
 10 lent or abusive activities in a form specified by the  
 11 Secretary and in an amount equal to \$25,000; and”.

12 (b) EFFECTIVE DATE.—The amendment made by  
 13 subsection (a) shall take effect on the date of enactment  
 14 of this Act.

**15 SEC. 3. ADDITIONAL CONDITIONS OF PARTICIPATION FOR**  
**16 HOME HEALTH AGENCIES.**

17 (a) QUALIFICATIONS OF MANAGING EMPLOYEES.—  
 18 Section 1891(a) of the Social Security Act (42 U.S.C.  
 19 1395bbb(a)) is amended by adding at the end the follow-  
 20 ing:

1 “(7) The agency shall have—

2 “(A) sufficient knowledge, as attested by  
3 the managing employees (as defined in section  
4 1126(b)) of the agency (pursuant to subsection  
5 (c)(2)(C)(iv)(II)) using standards established by  
6 the Secretary, of the requirements for reim-  
7 bursement under this title, coverage criteria  
8 and claims procedures, and the civil and crimi-  
9 nal penalties for noncompliance with such re-  
10 quirements; and

11 “(B) managing employees with sufficient  
12 prior education or work experience, according to  
13 standards determined by the Secretary, in the  
14 delivery of health care.”.

15 (b) COMPLIANCE PROGRAM.—Section 1891(a) of the  
16 Social Security Act (42 U.S.C. 1395bbb(a)) (as amended  
17 by subsection (a)) is amended by adding at the end the  
18 following:

19 “(8) The agency has developed and imple-  
20 mented a fraud and abuse compliance program.”.

21 (c) AVAILABILITY OF SURVEY.—Section 1891(a) of  
22 the Social Security Act (42 U.S.C. 1395bbb(a)) (as  
23 amended by subsection (b)) is amended by adding at the  
24 end the following:

1           “(9) The agency, before the agency provides  
 2           any home health services to a beneficiary, makes  
 3           available to the beneficiary or the representative of  
 4           the beneficiary a summary of the pertinent findings  
 5           (including a list of any deficiencies) of the most re-  
 6           cent survey of the agency relating to the compliance  
 7           of such agency. Such summary shall be provided in  
 8           a standardized format and may, at the discretion of  
 9           the Secretary, also include other information regard-  
 10          ing the agency’s operations that are of potential in-  
 11          terest to beneficiaries, such as the number of pa-  
 12          tients served by the agency.”.

13          (d) NOTICE OF NEW HOME HEALTH SERVICE, NEW  
 14          BRANCH OFFICE, AND NEW JOINT VENTURE.—Section  
 15          1891(a)(2) of the Social Security Act (42 U.S.C.  
 16          1395bbb(a)(2)) is amended to read as follows:

17               “(2)(A) The agency notifies the agency’s fiscal  
 18               intermediary and the State entity responsible for the  
 19               licensing or certification of the agency—

20                       “(i) of a change in the persons with an  
 21                       ownership or control interest (as defined in sec-  
 22                       tion 1124(a)(3)) in the agency,

23                       “(ii) of a change in the persons who are of-  
 24                       ficers, directors, agents, or managing employees  
 25                       (as defined in section 1126(b)) of the agency,

1           “(iii) of a change in the corporation, asso-  
2           ciation, or other company responsible for the  
3           management of the agency,

4           “(iv) that the agency is providing a cat-  
5           egory of skilled service that it was not providing  
6           at the time of the agency’s most recent stand-  
7           ard survey,

8           “(v) that the agency is operating a new  
9           branch office that was not in operation at the  
10          time of the agency’s most recent standard sur-  
11          vey, and

12          “(vi) that the agency is involved in a new  
13          joint venture with other health care providers or  
14          other business entities.

15          “(B) The notice required under subparagraph  
16          (A) shall be provided—

17               “(i) for a change described in clauses (i),  
18               (ii), and (iii) of such subparagraph, within 30  
19               calendar days of the time of the change and  
20               shall include the identity of each new person or  
21               company described in the previous sentence,

22               “(ii) for a change described in clause (iv)  
23               of such subparagraph, within 30 calendar days  
24               of the time the agency begins providing the new

1 service and shall include a description of the  
 2 service,

3 “(iii) for a change described in clause (v)  
 4 of such subparagraph, within 30 calendar days  
 5 of the time the new branch office begins oper-  
 6 ations and shall include the location of the of-  
 7 fice and a description of the services that are  
 8 being provided at the office, and

9 “(iv) for a change described in clause (vi)  
 10 of such subparagraph, within 30 calendar days  
 11 of the time the agency enters into the joint ven-  
 12 ture agreement and shall include a description  
 13 of the joint venture and the participants in the  
 14 joint venture.”.

15 **SEC. 4. SURVEYOR TRAINING IN REIMBURSEMENT AND**  
 16 **COVERAGE POLICIES.**

17 Section 1891(d)(3) of the Social Security Act (42  
 18 U.S.C. 1395bbb(d)(3)) is amended—

19 (1) by striking “relating to the performance”  
 20 and inserting “relating to—

21 “(A) the performance”;

22 (2) by striking the period at the end and insert-  
 23 ing “; and”; and

24 (3) by adding at the end the following:

1 “(B) requirements for reimbursement and cov-  
 2 erage of services under this title.”.

3 **SEC. 5. SURVEYS AND REVIEWS.**

4 (a) **ADDITIONAL REQUIREMENTS FOR SURVEY.**—  
 5 Section 1891(c)(2)(C) of the Social Security Act (42  
 6 U.S.C. 1395bbb(c)(2)(C)) is amended—

7 (1) in clause (i)(I)—

8 (A) by striking “purpose of evaluating”  
 9 and inserting “purpose of—

10 “(aa) evaluating”; and

11 (B) by adding at the end the following:

12 “(bb) evaluating whether the individ-  
 13 uals are homebound for purposes of quali-  
 14 fying for receipt of benefits for home  
 15 health services under this title; and”;

16 (2) in clause (ii), by striking “and” at the end;

17 (3) in clause (iii), by striking the period at the  
 18 end and inserting “; and”; and

19 (4) by adding at the end the following:

20 “(iv) shall include—

21 “(I) an assessment of whether the agency  
 22 is in compliance with all of the conditions of  
 23 participation and requirements specified in or  
 24 pursuant to section 1861(o), this section, and  
 25 this title;

“(II) an assessment that the managing employees (as defined in section 1126(b)) of the agency have attested in writing to having sufficient knowledge, as determined by the Secretary, of the requirements for reimbursement under this title, coverage criteria and claims procedures, and the civil and criminal penalties for noncompliance with such requirements; and

“(III) a review of the services provided by subcontractors of the agency to ensure that such services are being provided in a manner consistent with the requirements of this title.”.

(b) ADDITIONAL EVENTS TRIGGERING A SURVEY.—

Section 1891(c)(2)(B) of the Social Security Act (42 U.S.C. 1395bbb(c)(2)(B)) is amended—

(1) by striking “and” at the end of clause (i);

(2) by striking the period at the end of clause

(ii) and inserting a comma; and

(3) by adding at the end the following:

“(iii) shall be conducted not less than annually for the first 2 years after the initial standard survey of the agency;

“(iv) after the agency’s first 2 years of participation under this title, shall be conducted within 90 calendar days of the



1 date that the agency notifies the Secretary  
 2 that it is providing a category of skilled  
 3 service that the agency was not providing  
 4 at the time of the agency's most recent  
 5 standard survey;

6 “(v) if the agency is operating a new  
 7 branch office that was not in operation at  
 8 the time of the agency's most recent stand-  
 9 ard survey, shall be conducted within the  
 10 12-month period following the date that  
 11 the new branch office began operations to  
 12 ensure that such office is providing quality  
 13 care and that it is appropriately classified  
 14 as a branch office, and shall include direct  
 15 scrutiny of the operations of the branch of-  
 16 fice; and

17 “(vi) shall be conducted on randomly  
 18 selected agencies on an occasional basis,  
 19 with the number of such surveys to be de-  
 20 termined by the Secretary.”.

21 (c) REVIEW BY FISCAL INTERMEDIARY.—Section  
 22 1816 of the Social Security Act (42 U.S.C. 1395h) is  
 23 amended by adding at the end the following:

24 “(m) An agreement with an agency or organization  
 25 under this section shall require that the agency or organi-

1 zation conduct a review of the overall business structure  
 2 of a home health agency submitting a claim for reimburse-  
 3 ment for home health services, including any related orga-  
 4 nizations of the home health agency.”.

5 **SEC. 6. PRIOR PATIENT LOAD.**

6 Section 1891 of the Social Security Act (42 U.S.C.  
 7 1395bbb) is amended by adding at the end the following:

8 “(h) PRIOR PATIENT LOAD.—

9 “(1) IN GENERAL.—The Secretary shall not  
 10 enter into an agreement for the first time with a  
 11 home health agency to provide items and services  
 12 under this title unless the Secretary determines that,  
 13 before the date the agreement is entered into, the  
 14 agency—

15 “(A) had been in operation for at least 60  
 16 calendar days; and

17 “(B) had at least 10 patients during that  
 18 period of prior operation.

19 “(2) EXCEPTIONS.—

20 “(A) BENEFICIARY ACCESS.—If the Sec-  
 21 retary determines appropriate, the Secretary  
 22 may waive the requirements of paragraph (1) in  
 23 order to establish or maintain beneficiary access  
 24 to home health services in an area.

1                   “(B) CHANGE OF OWNERSHIP.—The re-  
 2                   quirements of paragraph (1) shall not apply to  
 3                   a home health agency at the time of a change  
 4                   in ownership of such agency.”.

5 **SEC. 7. ESTABLISHMENT OF STANDARDS AND PROCE-**  
 6 **DURES TO IMPROVE QUALITY OF SERVICES.**

7           (a) IN GENERAL.—Section 1891 of the Social Secu-  
 8           rity Act (42 U.S.C. 1395bbb) (as amended by section 6)  
 9           is amended by adding at the end the following:

10           “(i) ESTABLISHMENT OF STANDARDS AND PROCE-  
 11           DURES.—

12                   “(1) SCREENING OF EMPLOYEES.—The Sec-  
 13           retary shall establish procedures to improve the  
 14           background screening performed by a home health  
 15           agency on individuals that the agency is considering  
 16           hiring as home health aides (as defined in subsection  
 17           (a)(3)(E)) and licensed health professionals (as de-  
 18           fined in subsection (a)(3)(F)).

19                   “(2) COST REPORTS.—The Secretary shall es-  
 20           tablish additional procedures regarding the require-  
 21           ment for attestation of cost reports to ensure greater  
 22           accountability on the part of a home health agency  
 23           and its managing employees (as defined in section  
 24           1126(b)) for the accuracy of the information pro-  
 25           vided to the Secretary in any such cost reports.

1           “(3) MONITORING AGENCY AFTER EXTENDED  
2 SURVEY.—The Secretary shall establish procedures  
3 to ensure that a home health agency that is subject  
4 to an extended (or partial extended) survey is closely  
5 monitored from the period immediately following the  
6 extended survey through the agency’s subsequent  
7 standard survey to ensure that the agency is in com-  
8 pliance with all the conditions of participation and  
9 requirements specified in or pursuant to section  
10 1861(o), this section, and this title.

11           “(4) ADDITIONAL AUDITS.—

12               “(A) IN GENERAL.—

13                   “(i) STANDARDS.—The Secretary  
14 shall establish objective standards regard-  
15 ing the determination of—

16                       “(I) whether an agency is a home  
17 health agency described in subpara-  
18 graph (B); and

19                       “(II) the circumstances that trig-  
20 ger an audit for a home health agency  
21 described in subparagraph (B), and  
22 the content of such an audit.

23                   “(ii) INFORMATION.—In establishing  
24 standards under clause (i), the Secretary  
25 shall ensure that the individuals perform-

1 ing the audits under this section are pro-  
2 vided with the necessary information, in-  
3 cluding information from intermediaries,  
4 carriers, and law enforcement sources, in  
5 order to determine if a particular home  
6 health agency is an agency described in  
7 subparagraph (B) and whether the cir-  
8 cumstances triggering an audit for such an  
9 agency has occurred.

10 “(B) AGENCY DESCRIBED.—A home health  
11 agency is described in this subparagraph if it is  
12 an agency that has—

13 “(i) experienced unusually rapid  
14 growth as compared to other home health  
15 agencies in the area and in the country;

16 “(ii) had unusually high utilization  
17 patterns as compared to other home health  
18 agencies in the area and in the country;

19 “(iii) unusually high costs per patient  
20 as compared to other home health agencies  
21 in the area and in the country;

22 “(iv) unusually high levels of overpay-  
23 ment or coverage denials as compared to  
24 other home health agencies in the area and  
25 in the country; or

1 “(v) operations that otherwise raise  
2 concerns such that the Secretary deter-  
3 mines that an audit is appropriate.

4 “(5) BRANCH OFFICES.—

5 “(A) SURVEYS.—The Secretary shall es-  
6 tablish standards for periodic surveys of branch  
7 offices of a home health agency in order to as-  
8 sess whether the branch offices meet the Sec-  
9 retary’s national criteria for branch office des-  
10 ignation and for quality of care. Such surveys  
11 shall include home visits to beneficiaries served  
12 by the branch office (but only with the consent  
13 of the beneficiary).

14 “(B) UNIFORM NATIONAL DEFINITION.—  
15 The Secretary shall establish a uniform national  
16 definition of a branch office of a home health  
17 agency.

18 “(6) CERTAIN QUALIFICATIONS OF MANAGING  
19 EMPLOYEES.—The Secretary shall establish stand-  
20 ards regarding the knowledge and prior education or  
21 work experience that a managing employee (as de-  
22 fined in section 1126(b)) of an agency must possess  
23 in order to comply with the requirements described  
24 in subsection (a)(7).

25 “(7) CLAIMS PROCESSING.—

1           “(A) IN GENERAL.—The Secretary shall  
2           establish standards to improve and strengthen  
3           the procedures by which claims for reimburse-  
4           ment by home health agencies are identified as  
5           being fraudulent, wasteful, or abusive.

6           “(B) PROCEDURES.—The standards estab-  
7           lished by the Secretary pursuant to subpara-  
8           graph (A) shall include, to the extent prac-  
9           ticable, standards for a minimum number of—

10           “(i) intensive focused medical reviews  
11           of the services provided to beneficiaries by  
12           an agency;

13           “(ii) interviews with beneficiaries, em-  
14           ployees of the agency, and other individ-  
15           uals providing services on behalf of the  
16           agency; and

17           “(iii) random spot checks of visits to  
18           a beneficiary’s home by employees of the  
19           agency (but only with the consent of the  
20           beneficiary).

21           “(C) REPORT TO CONGRESS.—Not later  
22           than 90 days after the date of enactment of the  
23           Home Health Integrity Preservation Act of  
24           1998, the Secretary shall submit a report to  
25           Congress containing a detailed description of—

1 “(i) the current levels of activity by  
 2 the Secretary with regard to the reviews,  
 3 interviews, and spot checks described in  
 4 subparagraph (B); and

5 “(ii) the Secretary’s plans to increase  
 6 those levels pursuant to the procedures de-  
 7 scribed in subparagraphs (A) and (B).

8 “(8) EXPANSION OF FINANCIAL STATEMENT.—  
 9 The Secretary shall establish procedures to expand  
 10 the financial statement audit process to include com-  
 11 pliance and integrity reviews.”.

12 (b) EFFECTIVE DATE.—By not later than 180 cal-  
 13 endar days after the date of enactment of this Act, the  
 14 Secretary shall establish the standards and procedures de-  
 15 scribed in paragraphs (1) through (8) of section 1891(i)  
 16 of the Social Security Act (42 U.S.C. 1395bbb(i)) (as  
 17 added by subsection (a)) by regulation or other sufficient  
 18 means.

19 **SEC. 8. NOTIFICATION OF AVAILABILITY OF A HOME**  
 20 **HEALTH AGENCY’S MOST RECENT SURVEY AS**  
 21 **PART OF DISCHARGE PLANNING PROCESS.**

22 Section 1861(ee)(2)(D) of the Social Security Act (42  
 23 U.S.C. 1395x(ee)(2)(D)) (as amended by section 4321(a)  
 24 of the Balanced Budget Act of 1997) is amended—



1           (1) by striking “including the availability” and  
 2       inserting “including—  
 3           “(i) the availability”; and  
 4           (2) by inserting before the period the following:  
 5       “; and  
 6           “(ii) the availability of (and procedures for  
 7       obtaining from a home health agency) a sum-  
 8       mary document described in section  
 9       1891(a)(9)”.

10 **SEC. 9. HOME HEALTH INTEGRITY TASK FORCE.**

11       (a) **ESTABLISHMENT.**—The Secretary of Health and  
 12   Human Services (in this section referred to as the “Sec-  
 13   retary”) shall establish within the Office of the Inspector  
 14   General of the Department of Health and Human Services  
 15   a home health integrity task force (in this section referred  
 16   to as the “Task Force”).

17       (b) **DIRECTOR.**—The Inspector General of the De-  
 18   partment of Health and Human Services shall appoint the  
 19   Director of the Task Force.

20       (c) **DUTIES.**—The Task Force shall target, inves-  
 21   tigate, and pursue any available civil or criminal actions  
 22   against individuals who organize, direct, finance, or are  
 23   otherwise engaged in fraud in the provision of home health  
 24   services (as defined in section 1861(m) of the Social Secu-

1 rity Act (42 U.S.C. 1395x(m))) under the medicare pro-  
 2 gram under such Act.

3 (d) OUTSIDE AGENCIES AND ENTITIES.—In carrying  
 4 out the duties described in subsection (c), the Task Force  
 5 shall work in coordination with other Federal, State, and  
 6 local agencies, including the Health Care Financing Ad-  
 7 ministration, and with private entities. All Federal, State,  
 8 and local employees and all private entities are encouraged  
 9 to provide maximum cooperation to the Task Force.

10 **SEC. 10. APPLICATION OF CERTAIN PROVISIONS OF THE**  
 11 **BANKRUPTCY CODE.**

12 (a) RESTRICTED APPLICABILITY OF BANKRUPTCY  
 13 STAY, DISCHARGE, AND PREFERENTIAL TRANSFER PRO-  
 14 VISIONS TO CERTAIN MEDICARE DEBTS.—Title XI of the  
 15 Social Security Act (42 U.S.C. 1301 et seq.) is amended  
 16 by inserting after section 1143 the following:

17 “APPLICATION OF CERTAIN PROVISIONS OF THE  
 18 BANKRUPTCY CODE

19 “SEC. 1144. (a) CERTAIN MEDICARE ACTIONS NOT  
 20 STAYED BY BANKRUPTCY PROCEEDINGS.—The com-  
 21 mencement or continuation of any action against a debtor  
 22 (as defined in subsection (d)) under this title or title  
 23 XVIII, including any action or proceeding to exclude or  
 24 suspend such debtor from program participation, assess  
 25 civil monetary penalties, recoup or set off overpayments,  
 26 or deny or suspend payment of claims shall not be subject

1 to a stay under section 362(a) of title 11, United States  
2 Code.

3 “(b) CERTAIN MEDICARE DEBT NOT DISCHARGE-  
4 ABLE IN BANKRUPTCY.—A debt owed to the United  
5 States or to a State by a debtor for an overpayment under  
6 title XVIII, or for a penalty, fine, or assessment under  
7 this title or title XVIII, shall not be dischargeable under  
8 any provision of title 11, United States Code.

9 “(c) REPAYMENT OF CERTAIN DEBTS CONSIDERED  
10 FINAL.—Payments made to repay a debt to the United  
11 States or to a State by a debtor with respect to items and  
12 services provided, or claims for payment made for such  
13 items and services, under title XVIII (including repayment  
14 of an overpayment), or to pay a penalty, fine, or assess-  
15 ment under this title or title XVIII, shall be considered  
16 final and not avoidable transfers under section 547 of title  
17 11, United States Code.

18 “(d) DEBTOR DEFINED.—In this section, the term  
19 ‘debtor’ means a provider of services (as defined in section  
20 1861(u)) that has commenced a case under title 11,  
21 United States Code.”.

22 (b) MEDICARE RULES APPLICABLE TO BANKRUPTCY  
23 PROCEEDINGS OF A MEDICARE PROVIDER OF SERV-  
24 ICES.—Title XVIII of the Social Security Act (42 U.S.C.  
25 1395 et seq.) (as amended by section 4015 of the Bal-

1 anced Budget Act of 1997) is amended by adding at the  
2 end the following:

3 “APPLICATION OF PROVISIONS OF THE BANKRUPTCY  
4 CODE

5 “SEC. 1897. (a) USE OF MEDICARE STANDARDS AND  
6 PROCEDURES.—Notwithstanding any provision of title 11,  
7 United States Code, or any other provision of law, in the  
8 case of claims by a debtor (as defined in section 1144(d))  
9 for payment under this title, the determination of whether  
10 the claim is allowable, and of the amount payable, shall  
11 be made in accordance with the provisions of this title,  
12 title XI, and implementing regulations.

13 “(b) NOTICE TO CREDITOR OF BANKRUPTCY PETI-  
14 TIONER.—In the case of a debt owed by a debtor (as so  
15 defined) to the United States with respect to items and  
16 services provided, or claims for payment made, under this  
17 title (including a debt arising from an overpayment or a  
18 penalty, fine, or assessment under title XI or this title),  
19 the notices to the creditor of bankruptcy petitions, pro-  
20 ceedings, and relief required under title 11, United States  
21 Code (including under section 342 of that title and rule  
22 2002(j) of the Federal Rules of Bankruptcy Procedure),  
23 shall be given to the Secretary. Provision of such notice  
24 to a fiscal agent of the Secretary shall not be considered  
25 to satisfy this requirement.

1       “(c) **TURNOVER OF PROPERTY TO THE BANKRUPTCY**  
 2 **ESTATE.**—For purposes of section 542(b) of title 11,  
 3 United States Code, a claim for payment under this title  
 4 shall not be considered to be a matured debt payable to  
 5 the estate of a debtor (as so defined) until such claim has  
 6 been allowed by the Secretary in accordance with proce-  
 7 dures established under this title.”.

8 **SEC. 11. STUDY AND REPORT TO CONGRESS.**

9       (a) **STUDY.**—

10           (1) **IN GENERAL.**—The Secretary of Health and  
 11 Human Services (in this section referred to as the  
 12 “Secretary”) shall conduct a study on all matters re-  
 13 lating to the appropriate home health services to be  
 14 provided under the medicare program under title  
 15 XVIII of the Social Security Act (42 U.S.C. 1395 et  
 16 seq.) to individuals with chronic conditions.

17           (2) **MATTERS STUDIED.**—The matters studied  
 18 by the Secretary shall include—

19                   (A) methods to strengthen the role of a  
 20 physician in developing a plan of care for a ben-  
 21 eficiary receiving home health benefits under  
 22 this title; and

23                   (B) the need for an individual or entity  
 24 (other than the home health agency or the  
 25 beneficiary’s physician) to have responsibility

1           for approving the type and quantity of home  
2           health services provided to the beneficiary.

3       (b) REPORT.—Not later than 1 year after the date  
4 of enactment of this Act, the Secretary shall submit a re-  
5 port to Congress on the study conducted under subsection  
6 (a). The Secretary shall include in the report such rec-  
7 ommendations regarding the utilization of home health  
8 services under the medicare program as the Secretary de-  
9 termines to be appropriate.

10 **SEC. 12. EFFECTIVE DATE.**

11       Except as otherwise provided in this Act, the amend-  
12 ments made by this Act shall take effect on the expiration  
13 of the date that is 180 calendar days after the date of  
14 enactment of this Act.

○